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Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 368686 (2)
1. Corporation Name
ALOGA CORPORATION OF FLORIDA



Principal Place of Business: % MARCIA B. CABALLERO, 2450 SW 137TH AVE. S-221, MIAMI FL 33175
Mailing Address: % MARCIA B. CABALLERO, 2450 SW 137TH AVE. S-221, MIAMI FL 33175-6332

3. Date Incorporated or Qualified: 08/20/1970
3a. Date of Last Report: 04/30/1996
4. FEI Number: 59-1315017
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent
CABALLERO, MARCIA B.
2450 S.W. 137 AVE
MIAMI, FL FL 33135

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: SD, NAME: GALAN F. MANUEL V., STREET ADDRESS: 2450 SW 137 AVENUE, CITY-ST-ZIP: MIAMI FL
TITLE: TD, NAME: DE GALAN, ALICIA RIESGO, STREET ADDRESS: 2450 SW 137 AVENUE, CITY-ST-ZIP: MIAMI FL
TITLE: PD, NAME: LOPEZ-GASTANO, RAMON, STREET ADDRESS: 2450 SW 137 AVENUE, CITY-ST-ZIP: MIAMI FL
TITLE: VD, NAME: CARBALLEIRA, RAMON, STREET ADDRESS: 2450 SW 137 AVE, CITY-ST-ZIP: MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE: PD, 3.2 NAME: CARBALLEIRA DE LOPEZ, MARIA ROSA, 3.3 STREET ADDRESS: 2450 SW 137 AVENUE, 3.4 CITY-ST-ZIP: MIAMI, FL
4.1 TITLE: V, 4.2 NAME: LOPEZ CARBALLEIRA, RAMON, 4.3 STREET ADDRESS: 2450 SW 137 AVENUE, 4.4 CITY-ST-ZIP: MIAMI, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Maria Rosa Carballeira de Lopez* 2/13/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____

CR2E034 (9/96)